

If you choose to receive a total distribution of your Annuity Savings Account and would like to have Indiana State Tax withheld, please complete this form.



State of Indiana

FORM WH-4P

Revised 10/04

Annuitant's Request for State Income Tax Withholding

PLEASE USE BLACK INK ONLY

Member's Full Name (type or print)		Member's Social Security Number	
Member's Full Address (Number and street or rural route)		Member's TRF Number	
City	State	Zip Code	Member's Phone Number () -
Enter the amount to be withheld from the total distribution of your Annuity Savings Account:			\$
Member's Signature		Date of Member's Signature	
<p>This form is required for retirement processing.</p> <p>Should you have any questions regarding the tax status of your retirement, please consult a qualified tax professional.</p>			